



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMERGENCY MEDICAL SERVICES

OEMS
FORM
#300-15
(11/20/03)

APPLICATION INSTRUCTIONS EMT-INTERMEDIATE CERTIFICATION EXAMINATION BASED ON OUT- OF - STATE TRAINING, LICENSURE OR CERTIFICATION

WHO SHOULD USE FORM 300-15

This form is for applicants applying for EMT-Intermediate certification who are currently certified/licensed as an EMT-Intermediate in another state.

This form is for applicants applying for EMT-Intermediate certification who were trained out-of-state and are certified/licensed as an EMT-Basic.

The candidate who holds a current EMT-Intermediate license/certification in another state, and took a state-approved practical examination in order to gain his or her EMT-Intermediate license/certification will be required to take the written examination.

The candidate who does not hold a current EMT-Intermediate license/certification issued in another state, or who did not take a state-approved practical examination in order to gain their EMT-Intermediate license/certification will be required to take the written and practical examinations.

ELIGIBILITY

OEMS will review and verify your eligibility to take the examination. You will then be mailed an appointment notice for the practical examination if you are required to take a practical exam. Only those candidates who meet all of the eligibility requirements will be scheduled for the certification examination.

Applications will be returned to those candidates who are not eligible for testing. Please fill out both sides of the form completely and legibly. Sign and date the application form as testimony that all of the information presented is accurate to the best of your knowledge.

If you need to take a written examination only, or you pass the practical examination you will receive instructions for scheduling your written examination. The certification fee does not include the cost of the written examination. There is a separate fee for the written examination that the candidate will pay directly to the vendor. The fee is \$45.00.

A candidate for examination must hold a current EMT-Intermediate license/certification and a current BLS-CPR successful course completion certificate at the time of application and on the day of the written and practical examinations. Candidates are required to bring their current EMT-Intermediate license/certification card to the examination(s).

A candidate who is applying to take the examination based on equivalent training, but not out-of-state licensure/certification as an EMT-Intermediate, must hold a current EMT-Basic license/certification and a current BLS-CPR successful course completion certificate at the time of application and on the day of the written and practical examinations. Candidates are required to bring their current EMT-Basic license/certification to the examination(s).

DEADLINE FOR PASSING THE PRACTICAL AND WRITTEN EXAMINATIONS

An EMT-Intermediate candidate must successfully complete the practical examination within a maximum of one year from the date an acceptable application and fee is received at OEMS. A candidate has a maximum of three attempts within this one-year period to pass the practical examination.

An EMT-Intermediate candidate must successfully complete the written examination within a maximum of six months of passing their practical examination. A candidate who is not required to take the practical examination has six months from the date they are authorized by OEMS to pass the written examination. All candidates have a maximum of three attempts within the six-month period to pass the written examination.

SCHEDULING OF EXAMS

Assignment for examination appointments is based on when OEMS receives your exam application, fee, and required and complete documentation. Examination appointments are made on a first come, first served, space available basis. You may be scheduled to test anywhere in the Commonwealth.

SUBMISSION OF APPLICATION AND FEE

Mail this application form, and your fee to Office of Emergency Medical Services, 2 Boylston Street, 3rd Floor, Boston, MA 02116.

The certification fee is \$150.00. The fee must be a check made payable to Commonwealth of Massachusetts. Fees are non refundable.

Please recheck your applications for completeness and legibility. If your application is returned for ANY reason it will delay the scheduling of your examination.

EXAMINATION AVAILABILITY

It is your responsibility to keep the Advanced Examination Administrator at OEMS informed, in writing, of your current mailing address. If you are unavailable to take the examination during certain dates or for a period of time (vacation, semester break, etc.), you must notify OEMS in writing.



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES

OEMS FORM
#300-15
(11/20/03)

EMT-INTERMEDIATE CERTIFICATION EXAMINATION BASED ON OUT- OF -
STATE TRAINING, LICENSURE OR CERTIFICATION

I

PLEASE PRINT LEGIBLY IN INK

Are you currently a State Licensed/Certified EMT-Intermediate, who took a state approved practical examination to gain your license/certification?

☐ YES

☐ NO

Are you currently a Nationally Registered EMT-Intermediate, or a Graduate of an EMT-Intermediate Training Program who is not yet licensed/certified as an EMT-Intermediate?

☐ YES

☐ NO

MASSACHUSETTS
EMT #

If you are an EMT certified in a state other than Massachusetts, attach a copy of your current EMT Card to this application.

FIRST NAME (leave space between) MIDDLE INITIAL (leave space between) LAST NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE (5 or 9 digits)

DATE OF BIRTH
(mm/dd/yy)

DAYTIME TELEPHONE NUMBER

SOCIAL SECURITY NUMBER

E-MAIL ADDRESS

Submit all of the following to OEMS with your application.

- Original, completed EMT- Intermediate application and Non-Refundable \$150.00 fee.
- Copy of a current National Registry EMT Card and/or State EMT Card at the EMT-Intermediate or EMT-Basic level.
- Completed "Verification of EMT Status" form from the agency that issued your EMT license/certification. The form must be submitted in a signed, sealed envelope. **Please note that you must be credentialed to perform the skill of Endotracheal Intubation in order to take the EMT-Intermediate Examination in Massachusetts.**
- Copy (both sides) of current BLS-CPR card. (AHA Healthcare Provider or ARC Professional Rescuer)

Official Training Documentation.

Training Program _____

Address _____

Program Director _____ Telephone # _____

Course Instructor _____

Course Curriculum Taken: ☐ '85 DOT EMT-Intermediate Curriculum

☐ '99 DOT EMT-Intermediate Curriculum

☐ Other (Please Specify) _____

If you are not licensed/certified as an EMT-Intermediate you must submit a course outline for the classroom, clinical and field internship portions of the program and a certificate or letter of course completion signed by the Program Director or Program Medical Director.

Mail completed application, fee and documentation to: Office of Emergency Medical Services,
2 Boylston Street, 3rd Floor, Boston, MA 02116

OEMS USE ONLY

(CONTINUED ON NEXT PAGE)

PLEASE READ CAREFULLY AND ANSWER ALL OF THE FOLLOWING QUESTIONS

SUPPLEMENTAL INFORMATION

EMT Background

1. Have you previously applied to take the EMT examination (at any level) in Massachusetts or any other state or jurisdiction? If yes, when _____ and where _____.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Have you previously applied for licensure (at any level) or taken the EMT examination under a different name in Massachusetts or any other state or jurisdiction? If yes, indicate the name _____ and where _____.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Were you previously certified as an EMT (at any level) in Massachusetts or any other state or jurisdiction? If yes, indicate EMT number _____ and where _____.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Was your certification, license, or ability to work as an EMT (at any level) ever restricted, suspended or revoked in Massachusetts or in any other state or jurisdiction (including, but not limited to, by the state, your employer, supervising physician, hospital, or region)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Were you ever denied certification or licensure as an EMT (at any level) in Massachusetts or any other state or jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. If you are/were certified or licensed as any other type of health care provider, was your certification or license ever restricted, suspended or revoked in Massachusetts or any other state or jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Criminal History

7. Have you ever been convicted of any misdemeanor or felony under the laws of Massachusetts or any other state, the United States, or a foreign country (including a guilty plea or <i>nolo contendere</i> plea)? However, you need not report the following misdemeanor convictions: (1) a first conviction for drunkenness, simple assault, affray, disturbance of the peace, speeding or minor traffic violations ¹ , unless the incident leading to the conviction occurred while driving an ambulance or while on duty with an ambulance service, or, (2) a conviction for a misdemeanor where the date of the conviction or the completion of any period of incarceration resulting from the conviction, which ever is later, occurred five or more years ago, unless you have been convicted of any offense within five years of this application.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Confidential Medical Information

8. Do you currently have any physical, mental, or medical condition which in any way limits or impairs your ability to function as an EMT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Within the past two years, have you engaged in the use of illegal drugs or the misuse of prescription drugs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

*If you answered **yes** to any of the questions above, attach a written explanation with supporting documentation. With regard to charges of criminal offenses, convictions, and disciplinary proceedings provide documentation including, but not limited to, that which fully describes the offense, copies of relevant court documents or administrative proceedings, dispositions and current status.*

NOTE: Your failure to answer any of the above referenced questions will result in the return of your application without action. Your failure to disclose relevant information may result in the denial or revocation of your certification.

CERTIFICATIONS AND AUTHORIZATIONS

- I certify that I will fulfill my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119, § 51A and to report abuse of elderly persons pursuant to c. 19A, § 15.
- I agree to abide by all rules and regulations of the Commonwealth of Massachusetts, and I hereby authorize the Office of Emergency Medical Services to release my examination scores to the teaching institution/agency and the instructor.
- I agree to keep OEMS informed in writing of any name or address changes over the course of my certification period. I understand that the name and address on this application shall be deemed the appropriate name and address to which all notices from the Department of Public Health will be sent, unless I notify the Department in writing of any changes.
- I authorize the Office of Emergency Medical Services and its staff to contact the Criminal History Systems Board for access to conviction and pending criminal case data, as well as to contact other agencies as may be necessary to verify information related to this application. As an applicant for certification or recertification or as an EMT, I understand that a criminal history check may be conducted.
- If I am taking the Massachusetts EMT-Intermediate Examination based on my EMT-Intermediate license/certification in another state or my registration through the National Registry of EMTs, I will maintain that license/certification/registration throughout the testing process. If I am taking the Massachusetts EMT-Intermediate Examination based on equivalent training and my licensure/certification as an EMT-Basic in another state or registration through the National Registry of EMTs, I will maintain that license/certification/registration throughout the testing process.
- I hereby certify that I meet all the criteria for certification as required by 105 CMR 170.000 et seq. Further, I certify under the penalty of perjury that the information contained in this application is correct and I acknowledge that any false, inaccurate, or omitted statement or document is grounds for denial, revocation or suspension of the certification for which I am applying.

Signature of applicant: _____

Date: _____

¹ The following traffic violations are not minor and must be reported: conviction for driving under the influence, reckless driving, driving to endanger, and motor vehicle homicide.